



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## \*BIBDATASHEET\*

CONFIRMATION NO. 9595

Bib Data Sheet

SERIAL NUMBER 10/646,084	FILING DATE 08/22/2003  RULE	CLASS 600	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 020.0343.US.CON
-----------------------------	---------------------------------------	--------------	------------------------	---

## APPLICANTS

Gust H. Bardy, Seattle, WA;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 10/251,473 09/20/2002  
 which is a CON of 09/860,979 05/18/2001 PAT 6,478,737  
 which is a CON of 09/686,712 10/10/2000 PAT 6,331,160 \*  
 which is a CON of 09/361,777 07/26/1999 PAT 6,203,495  
 which is a CIP of 09/324,894 06/03/1999 PAT 6,312,378  
 (\*)Data provided by applicant is not consistent with PTO records.

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 11/17/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <i>[Signature]</i> Initials:	STATE OR COUNTRY WA	SHEETS DRAWING 21	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 3
--	---	---------------------------	-------------------------	-----------------------	----------------------------

## ADDRESS

22895  
 PATRICK J S INOUE P S  
 810 3RD AVENUE  
 SUITE 258  
 SEATTLE , WA  
 98104

## TITLE

System and method for providing feedback to an individual patient for automated remote patient care

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of

FILING FEE  RECEIVED 804	FEES: Authority has been given in Paper	1.17 Fees ( Processing Ext. of time )
	No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit